2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000071980 DOCUMENT # 1. Entity Name 05-05-2003 90134 005 ***150.00 BILLMAR METAL DESIGN, INC. Principal Place of Business Mailing Address 6190 NE 185TH TERR. 6190 NE 185TH TERR. WILLISTON FL 32292 WILLISTON FL 32292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3736018 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENS, RONALD W ESQ. Street Address (P.O. Box Number is Not Acceptable) 280 E. HATHAWAY AVE. **BRONSON FL 32621** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition Delete HORTON, TAMMY NAME NAME 18060 N.W. 150 AVENUE STREET ADDRESS STREET ADDRESS WILLISTON FL 32696 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 15930 NE 60th St. STANLEY, GEORGE W NAME Williston, FL 32696 STREET ADDRESS 18060 N.W. 150 AVENUE STREET ADDRESS CITY-ST-ZIP WILLISTON FL 32696 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME Nancy Wittmann STREET ADDRESS STREET ADDRESS 15930 NE 60th Street CITY-ST-ZIP CITY-ST-ZIP Williston, FL 32696 TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addres

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2003

352-528-2091

Addition